

TDRL Formal PEB Election of Options

From: _____
Rank, First Name, MI, Last Name, Service (RET)

To: President, Physical Evaluation Board (PEB)

Subj: Temporary Disability Retired List Formal Physical Evaluation Board Election of Options

Ref: (a) DODI 1332.18
(b) DODM 1332.18 Volumes 1 & 2
(c) SECNAVINST 1850.4E

1. I acknowledge receipt of my Physical Evaluation Board findings. I understand my PEB Findings and options, and choose the following option(s) in accordance with references (a) through (c). I understand the PEB will finalize my case (as Presumed Acceptance) if I do not choose an option within fifteen (15) calendar days from the day I received my findings.

2. I understand my right to consult with an attorney prior to completing this form. Upon my request, a government lawyer (at no charge) will be assigned to advise me. I also have the right to be represented by private counsel but at my expense. I understand my right to consult with an attorney does not delay my fifteen (15) calendar day period to decide my option(s).

3. I will initial the bottom of each page and the appropriate sections.

ACCEPT FINDINGS

_____ **I ACCEPT the Formal PEB's findings.** I do not request relief from Director, Secretary of the Navy Council of Review Boards.

CONTEST FINDINGS

_____ **I DO NOT ACCEPT the Formal PEB's findings** and request appellate review from Director, Secretary of the Navy Council of Review Boards to contest my fitness determination.

I understand:

- Per SECNAVINST 1850.4E Section 5001, the only basis for relief by means of Petition for Relief (PFR) are: 1) New or newly discovered evidence; 2) Fraud, misrepresentation, or other misconduct; and 3) Mistake of law.
- I must submit my PFR within fifteen (15) calendar days of receipt of my PEB Findings to tonjua.howard@navy.mil.
- The PEB encourages me to consult with my appointed counsel for assistance in filing the PFR.
- The PEB will finalize my case (as Presumed Acceptance) if a PFR is not submitted within fifteen (15) calendar days from the day I received my findings.

Initials: _____

Version: 2.0

Updated: 16 May 18

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CONTACT INFORMATION

1. Mailing address:

2. E-mail address:

3. Cell phone:

SERVICE MEMBER (OR AUTHORIZED REPRESENTATIVE) SIGNATURE

Service Member Printed Name

Service Member Signature

Date

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OR FOR THE MEMBER

DES COUNSEL CERTIFICATION/SIGNATURE

I certify upon the penalty of perjury that I fulfilled the counseling requirements in accordance with references (a) through (c), and that I forwarded the member's Election of Options to the Physical Evaluation Board.

DES Counsel Printed Name

DES Counsel Signature

Date

Initials:

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